

Dec 10/6524151
07/PT6 11 FEB 2005

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ EP - 9 March 2004

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
Applicant's or agent's file reference WPP286436	
International application No. PCT/GB2003/003541	International filing date (day/month/year) 13 August 2003 (13.08.03)
(Earliest) Priority date (day/month/year) 13 August 2002 (13.08.02)	
Title of invention ANTITUMORAL ANALOGS OF LAMELLARINS	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
Pharma Mar, S.A.U. Polígono Industrial La Mina Avda. de los Reyes, 1 Colmenar Viejo Madrid, E-28770, Spain	
Telephone No.	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: ES	State (that is, country) of residence: ES
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
Ruffles, Graham Keith 57-60 Lincoln's Inn Fields London WC2A 3LS United Kingdom	
State (that is, country) of nationality: GB	State (that is, country) of residence: GB
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
Bailly, Christian Laboratoire de Pharmacologie Antitumorale du Centre Oscar Lambret IRCL Place de Verdun Lille, 59045 France	
State (that is, country) of nationality: FR	State (that is, country) of residence: FR
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Francesch Solloso, Andrés
Polígono Industrial La Mina
Avda. de los Reyes, 1
Colmenar Viejo
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Spain

State (that is, country) of nationality:
ESState (that is, country) of residence:
ES

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Mateo Urbano, Maria Cristina
Avda. de los Reyes, 1
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Colmenar Viejo
Madrid, 28770
Spain

State (that is, country) of nationality:
ESState (that is, country) of residence:
ES

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Jiménez Guerrero, José Antonio
Avda. de los Reyes 1
Polígono Industrial La Mina-Norte
Colmenar Viejo
Madrid, 28770
Spain

State (that is, country) of nationality:
ESState (that is, country) of residence:
ES

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Pastor Del Castillo, Alfredo
Avda. de los Reyes 1
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Colmenar Viejo
Madrid, 28770
Spain

State (that is, country) of nationality:
ESState (that is, country) of residence:
ES☒ Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Cuevas Marchante, Carmen
Polígono Industrial La Mina
Avda. de los Reyes, 1
Colmenar Viejo
Madrid, E-28770
Spain

State (that is, country) of nationality:
ES

State (that is, country) of residence:
ES

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

☐ Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*Ruffles, Graham Keith
Marks & Clerk
66-68 Hills Road
Cambridge
CB2 1LA
United Kingdom

Telephone No.

01223 345520

Facsimile No.

01223 365560

Teleprinter No.

Agent's registration No. with the Office

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☐ as originally filed
☐ as amended under Article 34the claims ☐ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34the drawings ☐ as originally filed
☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

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received	not received
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


Rufus Graham Keith

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/GB2003/003541	For International Preliminary Examining Authority use only			
Applicant's or agent's file reference WPP286436	Date stamp of the IPEA			
Applicant Pharma Mar, S.A.U. et al				
CALCULATION OF PRESCRIBED FEES				
1. Preliminary examination fee	1530	<div style="border: 1px solid black; padding: 2px;">P</div>		
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	129	<div style="border: 1px solid black; padding: 2px;">H</div>		
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; padding: 5px; width: 100px;"> 1659 </div>			
<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">TOTAL</div>				
MODE OF PAYMENT				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input checked="" type="checkbox"/> other (specify): <div style="margin-top: 5px;">The fees will be credited to your account.</div> </td> </tr> </table>			<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input checked="" type="checkbox"/> other (specify): <div style="margin-top: 5px;">The fees will be credited to your account.</div>
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input checked="" type="checkbox"/> other (specify): <div style="margin-top: 5px;">The fees will be credited to your account.</div>			
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. </td> <td style="width: 50%; vertical-align: top;"> IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____ </td> </tr> </table>			<input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____
<input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____			